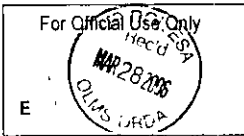


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25122</u>	2. Fiscal Year Covered From: <u>01/01/2005</u> Through: <u>12/31/2005</u>
3. Name and address of person filing. Name <u>Barbara J. Weaver</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 252</u> Street _____ City <u>McIntosh</u> State <u>AL</u> ZIP Code + 4 <u>36553</u>	4. Name, file number, and address of labor organization. Name <u>Machinists AFL-CIO LL 2452</u> Labor Organization File Number <u>068-575</u> P.O. Box, Building and Room Number, if any _____ Street <u>770 Lower Ferry Rd</u> City <u>Levy</u> State <u>AL</u> ZIP Code + 4 <u>36548</u>
5. Position in labor organization. <u>Committee person</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>OTIN Corp</u> Trade Name, if any: <u>OTIN</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 28</u> Street _____ City <u>McIntosh, AL</u> State <u>AL</u> ZIP Code + 4 <u>36553</u>	7.a. Nature of Interest, Transaction, or Income. <u>1-20-2005</u> <u>UPP Audit @ Niagara, N.Y</u> 7.b. Amount. <u>\$200.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Barbara Weaver</u>	On <u>3-21-06</u> <u>251-944-2514</u> Date Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2005
3. Name and address of person filing. Name <input type="text"/> Barbara <input type="text"/> J <input type="text"/> Weaver P.O. Box, Bldg., Room No., if any <input type="text"/> P.O. Box 252 Street <input type="text"/> City <input type="text"/> MEINTOSH State <input type="text"/> AL ZIP Code + 4 <input type="text"/> 36553	4. Name, file number, and address of labor organization. Name <input type="text"/> MACHINISTS AFL-CIO 2482 Labor Organization File Number <input type="text"/> 068-575 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 770 Lower Ferry Rd City <input type="text"/> Lenox State <input type="text"/> AL ZIP Code + 4 <input type="text"/> 36148
5. Position in labor organization. <input type="text"/> Committee Person	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Olin Corp Trade Name, if any: <input type="text"/> Olin P.O. Box, Bldg., Room No., if any <input type="text"/> P.O. Box 28 Street <input type="text"/> City <input type="text"/> MEINTOSH State <input type="text"/> AL ZIP Code + 4 <input type="text"/> 36553	7. a. Nature of Interest, Transaction, or Income. <input type="text"/> UPP Audit Augusta, GA 7. b. Amount. <input type="text"/> 686.90

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Barbara J. Weaver

On 3-21-06
Date

251-944-2514
Telephone Number